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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO						
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3,73(b).						
I hereby appoint:						
I —		aled with the Customer Numbe	ır.	20350		
OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
lΓ	Name		Registration		Name	Registration
. ⊦			Number	:		Number
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as altomay(s) or agent(s) to represent the undecagned before the United States Palent and Trademark Office (USPTO) in connection with any and all palent applications assigned gay to the undestigned according to the USPTO assignment records or assignment documents all tached to this form in accordance with 3T CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
The address accordated with Customer Number 20350						
	The address asso	octated with Customer Number:	1	20350		
OR						
Firm or Individual Name						
Address						
City		 	State		Zio	
Count	<u> </u>				Zip	
Telept	none			Emall		
-						
Assignoc Name and Address:						
American Power Conversion Corporation						
132 Fairgrounds Road West Kingston, RI 02892						
Trest railigswill, RI UZ09Z						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be the practitioners appointed in this form if the appointed practitioners are the practitioners appointed in this form if the appointed practitioners are the practitioners appointed by the practitioners appointed in this form if the appointed practitioners are the practitioners and the practitioners are the practitioners appointed by the practitioners are the prac						
the practitioners appointed in this form if the appointed practitioner is suthorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
1. //						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below its authorized to act on behalf of the assignee						
Signature	11/10/1					
Varne	11	Peter wexter			Dale 3/29/07	
itle	VP Con	neval Course	/		Telephone (401) 78	9-5735
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